

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 49 | 6/11/01 |
| FORMALITY REVIEW | H.S | 86 | 07.24.01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 " Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------------|------|
| Final Original | |
| 1 | ✓ |
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| Claim | Date |
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| Final Original | |
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| Claim | Date |
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Best Available Copy

5C-859
7/24

If more than 150 claims or 10 actions
staple additional sheet here

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